

**Notice to the person being sued:**

- You are being sued by the person you are suing.
- You must go to court on the trial date listed below. If you do not go to court, you may lose the case.
- If you lose, the court can order that your wages, money, or property be taken to pay this claim.
- Bring witnesses, receipts, and any evidence you need to prove your case.
- Read this form and all pages attached, to understand the claim against you and to protect your rights.

**Aviso al demandado:**

- La persona que ha demandado lo está demandando a usted.
- Tiene que presentarse a la corte en la fecha de su juicio indicada a continuación. Si no se presenta, puede perder el caso.
- Si pierde el caso la corte puede ordenar que le quiten de su sueldo, dinero u otros bienes para pagar este reclamo.
- Lleve testigos, recibos y cualquier otra prueba que necesite para probar su caso.
- Lea este formulario y todas las páginas adjuntas, para entender la demanda en su contra y para proteger sus derechos.

Fill in court name and street address:

Superior Court of California, County of

Fill in case number and case name:

Case Number:

Case Name:

**Order to Go to Court****The people in ① and ② must go to court:** (Clerk fills out section below.)

<b>Trial Date</b>	Date	Time	Department	Name and address of court if different from above
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

Date: \_\_\_\_\_ Clerk, by \_\_\_\_\_, Deputy

**Instructions for the person suing:**

- Before you fill out this form, read Form SC-150, *Information for the Plaintiff (Small Claims)*, to know your rights. Get SC-150 at any courthouse or county law library, or go to: [www.courtinfo.ca.gov/forms](http://www.courtinfo.ca.gov/forms)
- Fill out pages 2 and 3 of this form. Then make copies of **all** pages of this form. (Make 1 copy for each party named in this case and an extra copy for yourself.) Take or mail the original and these copies to the court clerk's office and pay the filing fee. The clerk will write the date of your trial in the box above.
- You must have someone at least 18—not you or anyone else listed in this case—give each Defendant a court-stamped copy of all 5 pages of this form and any pages this form tells you to attach. There are special rules for “serving,” or delivering, this form to public entities, associations, and some businesses. See Forms SC-104, SC-104B, and SC-104C.
- **Go to court on your trial date listed above.** Bring witnesses, receipts, and any evidence you need to prove your case.

Case Number:

Defendant (list names): \_\_\_\_\_

**1 The Plaintiff (the person, business, or public entity that sued first) is:**

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Street address: \_\_\_\_\_

Street

City

State

Zip

Mailing address (if different): \_\_\_\_\_

Street

City

State

Zip

**If more than one Plaintiff, list next Plaintiff here:**

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Street address: \_\_\_\_\_

Street

City

State

Zip

Mailing address (if different): \_\_\_\_\_

Street

City

State

Zip

☐ Check here if more than 2 Plaintiffs and attach Form SC-120A.

☐ Check here if any Plaintiff is on active military duty and write his or her name here: \_\_\_\_\_

**2 The Defendant (the person, business, or public entity suing now) is:**

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Street address: \_\_\_\_\_

Street

City

State

Zip

Mailing address (if different): \_\_\_\_\_

Street

City

State

Zip

**If more than one Defendant, list next Defendant here:**

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Street address: \_\_\_\_\_

Street

City

State

Zip

Mailing address (if different): \_\_\_\_\_

Street

City

State

Zip

☐ Check here if more than 2 Defendants and attach Form SC-120A.

☐ Check here if either Defendant listed above is doing business under a fictitious name. If so, attach Form SC-103.

**3 The Defendant claims the Plaintiff owes \$\_\_\_\_\_ . (Explain below):**

a. Why does the Plaintiff owe the Defendant money? \_\_\_\_\_

b. When did this happen? (Date): \_\_\_\_\_

If no specific date, give the time period: Date started: \_\_\_\_\_ Through: \_\_\_\_\_

c. How did you calculate the money owed to you? (Do not include court costs or fees for service.) \_\_\_\_\_

☐ Check here if you need more space. Attach one sheet of paper or Form MC-031 and write "SC-120, Item 3" at the top.



Defendant (list names): \_\_\_\_\_

4 You may ask the Plaintiff (in person, in writing, or by phone) to pay you before you sue.  
Have you done this? ☐ Yes ☐ No

5 Is your claim about an attorney-client fee dispute? ☐ Yes ☐ No  
If yes, and if you have had arbitration, fill out Form SC-101, attach it to this form, and check here: ☐


6 Are you suing a public entity? ☐ Yes ☐ No  
If yes, you must file a written claim with the public entity first. ☐ A claim was filed on (date): \_\_\_\_\_  
If the public entity denies your claim or does not answer within the time allowed by law, you can file this form.


7 Have you filed more than 12 other small claims within the last 12 months in California?  
☐ Yes ☐ No If yes, the filing fee for this case will be higher.

8 I understand that by filing a claim in small claims court:

- I have no right to appeal this claim. But I can appeal the Plaintiff's claim if I lose.
- I cannot file, and have not filed, more than two small claims cases for more than \$2,500 in California during this calendar year.
- If I do not have enough money to pay for filing fees or service, I can ask the court to waive those fees.

9 I declare, under penalty of perjury under California State law, that the information above is true and correct.

Date: \_\_\_\_\_  \_\_\_\_\_  
Defendant types or prints name here Defendant signs here

Date: \_\_\_\_\_  \_\_\_\_\_  
Second Defendant types or prints name here Second Defendant signs here



### Requests for Accommodations

Assistive listening systems, computer-assisted, real-time captioning, or sign language interpreter services are available if you ask at least 5 days before the trial. Contact the clerk's office for Form MC-410, *Request for Accommodations by Persons With Disabilities and Order*. (Civil Code, § 54.8.)



### Need help?

Your county's Small Claims Advisor can help for free.

\_\_\_\_\_

\_\_\_\_\_

Or go to "County-Specific Court Information" at:  
[www.courtinfo.ca.gov/selfhelp/smallclaims](http://www.courtinfo.ca.gov/selfhelp/smallclaims)